

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 593449

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|--|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
| 1 | / | | / | | | | |
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| 7 | | 1 | | 1 | | | |
| 8 | | 1 | | 1 | | | |
| 9 | | 1 | | 1 | | | |
| 10 | | 1 | | 1 | | | |
| 11 | | 1 | | 1 | | | |
| 12 | | 1 | | 1 | | | |
| 13 | | 1 | | 1 | | | |
| 14 | | 1 | | 1 | | | |
| 15 | | 1 | | 1 | | | |
| 16 | 5 | | | | | | |
| 17 | 5 | | | | | | |
| 18 | 1 | | | | | | |
| 19 | 1 | | | | | | |
| 20 | 2 | | | | | | |
| 21 | 1 | | | | | | |
| 22 | 1 | | | | | | |
| 23 | 2 | | | | | | |
| 24 | 2 | | | | | | |
| 25 | 2 | | | | | | |
| 26 | 2 | | | | | | |
| 27 | 2 | | | | | | |
| 28 | 2 | | | | | | |
| 29 | 2 | | | | | | |
| 30 | 2 | | | | | | |
| 31 | 2 | | | | | | |
| 32 | 2 | | | | | | |
| 33 | ① | | | | | | |
| 34 | ① | | | | | | |
| 35 | ① | | | | | | |
| 36 | ① | | | | | | |
| 37 | ② | | | | | | |
| 38 | ② | | | | | | |
| 39 | ① | | | | | | |
| 40 | ① | | | | | | |
| 41 | ① | | | | | | |
| 42 | ① | | | | | | |
| 43 | ① | | | | | | |
| 44 | ① | | | | | | |
| 45 | 1 | | | | | | |
| 46 | ① | | 1 | | | | |
| 47 | ① | | 1 | | | | |
| 48 | ① | | 1 | | | | |
| 49 | ① | | 1 | | | | |
| 50 | ① | | 1 | | | | |
| TOTAL IND. | | | | | | | |
| TOTAL DEP. | | | | | | | |
| TOTAL CLAIMS | | | | | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|--|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
| 51 | | ④ | | 1 | | | |
| 52 | | ① | | 1 | | | |
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| 100 | | | | | | | |
| TOTAL IND. | | 2 | | 2 | | | |
| TOTAL DEP. | | 69 | | 48 | | | |
| TOTAL CLAIMS | | 71 | | 50 | | | |